



## Working With Health Care Providers to Implement Care Management Strategies to Ensure Appropriate Diabetes Testing

### Public Health Problem

Utah residents with diabetes are not receiving health care services recommended by the American Diabetes Association (ADA), such as A1C tests and eye exams. Data collected from health plans in Utah showed that although 77% of the commercial health plan members with diabetes had received at least one A1C test in the preceding year, only 23% had levels below 7%, and only 42% had levels below 8%. In the Medicaid health plans, the percentages were 78% tested, 26% below 7%, and 44% below 8%.

### Evidence That Prevention Works

Results from the Diabetes Control and Complications Trial and the United Kingdom Prospective Diabetes Study have shown that maintaining near normal blood glucose levels (at or below 7%) could significantly reduce diabetes complications. Other studies have shown that regular eye exams and tests for kidney function can prevent or delay diabetic eye disease and kidney failure.

### Program Example

To help meet the recommended standards of care for people with diabetes, the CDC-funded Utah Diabetes Prevention and Control Program convened a group of nine health plans to develop, implement, and evaluate care management strategies. The health plans matched members with diabetes to their most likely primary care provider and determined whether the members had received the recommended screening tests by using HEDIS measurements. Members received a personal profile of their screening test history and information on the recommended tests and their frequency, their health plan's policy for reimbursement for each test, and an incentive for getting an eye exam (e.g., a 60-minute telephone calling card). After the program was implemented in March 2000, participating health plans collected HEDIS data on diabetes-related screening tests from 3,000 patient charts to evaluate the intervention. The results, although not exclusively attributed to the intervention, were significant. A1C testing for commercial and Medicaid plan members increased 12.5% to 86% and 1.5% to 79%, respectively. Commercial plans increased the percentage of patients with A1C levels below 7% to 33% (a 40% increase); the percentage below 8% increased to 53% (a 25% increase). For the Medicaid plans, there were also improvements in A1C levels among patients (by 19% for those below 7% and by 18% for those below 8%). The percentage of documented eye exams improved for both commercial (by 18% to a level of 47%) and Medicaid (by 5% to a level of 48%) plans.

### Implications

This program demonstrates that testing to detect eye and kidney disease early and monitoring A1C levels can be increased substantially by direct health plan involvement. Preventing severe vision loss and halting the progression of kidney disease alone could significantly improve the quality of life of many people with diabetes and save millions of dollars in medical costs.